

## DEPARTMENT OF INDUSTRIAL RELATIONS

**Division of Workers' Compensation**

395 Oyster Point Blvd., Ste. 102

South San Francisco, CA 94080

Tel: (650)737-2769 Fax: (650)737-2711

ADDRESS REPLY TO:

P.O. Box 8888

San Francisco, CA 94128-8888



## **NOTICE OF QME COMPETENCY EXAMINATION OCTOBER 16, 2004**

The Division of Workers' Compensation (DWC) will administer the next Qualified Medical Evaluator (QME) Competency Examination on **Saturday, October 16, 2004**. On **January 1, 2004**, the **Administrative Director of the Division of Workers' Compensation** assumed the responsibility for the administration of the Qualified Medical Evaluator examination. The **Administrative Director** will update the attached forms in the future to reflect recent changes in the law.

Physicians who wish to take the exam on October 16, 2004, must submit a completed original Application for Appointment as Qualified Medical Evaluator (IMC Form 100, Rev.7/01) and Registration for QME Competency Examination (IMC Form 102, Rev.7/01). The Application for Appointment as QME and all required documentation must be reviewed and approved by the DWC before a physician can be registered for the exam, (IMC Regs. 10 & 11). The application must be **postmarked by September 16, 2004**, in order to qualify for this exam. Qualified registrants will receive by mail a confirmation letter along with a Candidate Information Booklet. Please keep a copy for your records. The DWC is not responsible for late or lost applications.

**All physicians are required to pay a nonrefundable \$125.00 fee to sit for any upcoming QME examination. (DWC Reg. § 11(f)(2)) Before appointment as QME, the physician shall complete a course in disability evaluation report writing, approved by the Administrative Director. (Labor Code § 139.2)**

(NOTE: Only physicians who were registered for the past QME exam on September 20, 2003, and who retake the exam in October 2004, may submit their registration without the Application form since their Application is already on file. The DWC may, however, request current status of expired documentation, i.e., expired license, etc.)

The DWC will assess your annual QME fee after you have successfully passed the QME Competency Exam in order to activate your QME status.

Please call Joanne Van Raam or Gladys Maerina at (650) 737-2700 for additional application forms or for further assistance.

Division of Workers' Compensation Medical Unit  
(Enclosures)

August 2004

**MD/DO SPECIALTY CODES**

MAI Allergy and Immunology  
MAA Anesthesiology  
MRS Colon & Rectal Surgery  
MDE Dermatology  
MEM Emergency Medicine  
MFP Family Practice - MD  
OFP Family Practice - DO  
OFM Family Practice - DO - Including Osteopathic Manipulation  
MPM General Preventive Medicine  
MOH Hand - Orthopaedic Surgery  
MPH Hand - Plastic Surgery  
MSH Hand - Surgery  
MMM Internal Medicine  
MMV Internal Medicine - Cardiovascular Disease  
MME Internal Medicine - Endocrinology  
Diabetes and Metabolism  
MMG Internal Medicine - Gastroenterology  
MMH Internal Medicine - Hematology  
MMI Internal Medicine - Infectious Disease  
MMO Internal Medicine - Medical Oncology  
MMN Internal Medicine - Nephrology  
MMP Internal Medicine - Pulmonary Disease  
MMR Internal Medicine - Rheumatology  
MOQ Medicine - Otherwise Qualified  
MPB Neurological Surgery-Including Back  
MPN Neurology  
MNS Neurological Surgery  
MNM Nuclear Medicine  
MOG Obstetrics and Gynecology  
MPO Occupational Medicine  
MOP Ophthalmology  
MOS Orthopaedic Surgery  
MOB Orthopaedic Surgery - Including Back  
MTO Otolaryngology  
MAP Pain Management - Anesthesiology  
MPP Pain Management - Pain Medicine  
MHA Pathology  
MEP Pediatrics  
MPR Physical Medicine & Rehabilitation  
MPS Plastic Surgery  
MPD Psychiatry  
MRY Radiology  
MSY Surgery  
MSG Surgery - General Vascular  
MTS Thoracic Surgery  
MPT Toxicology - Occupational Medicine  
MET Toxicology - Emergency Medicine  
MUU Urology

**NON-MD/DO SPECIALTY CODES**

\*denotes a doctor of chiropractic who has completed a chiropractic post-graduate specialty program

ACA Acupuncture  
DCH Chiropractic  
DCN Chiropractic - Neurology\*  
DCO Chiropractic - Orthopaedic\*  
DCR Chiropractic - Radiology\*  
DCS Chiropractic - Sports Medicine\*  
DCT Chiropractic - Rehabilitation\*  
DEN Dentistry  
OPT Optometry  
POD Podiatry  
PSY Psychology  
PSN Psychology - Clinical Neuropsychology



# APPLICATION FOR APPOINTMENT AS QUALIFIED MEDICAL EVALUATOR

For the Department of Industrial Relations  
Industrial Medical Council  
P. O. Box 8888  
San Francisco, CA 94128-8888

**FOR IMC USE ONLY**  
**QME NO.:**  
**INPUT DATE:**  
**INPUT BY:**

## BLOCK 1 (FOR ALL APPLICANTS)

PLEASE TYPE OR PRINT LEGIBLY

*Please list your primary location. DO NOT USE P. O. BOX. Additional locations may be added when your fee assessment is paid. You will be billed shortly after passing the QME test.*

LAST NAME	FIRST NAME	MI	JR/SR

BUSINESS ADDRESS WHERE QME EVALUATIONS WILL TAKE PLACE

CITY	ZIP	+	4

MAILING ADDRESS FOR CORRESPONDENCE, IF DIFFERENT

CITY	ZIP	+	4

(AREA CODE) PHONE NO.

CAL. PROFESSIONAL  
LICENSE NUMBER

EXPIRATION  
(MM/YY)

YEAR ENTERED  
PRACTICE

**PROCEED TO BLOCK 2**

## BLOCK 2 (FOR ALL APPLICANTS) IMPORTANT: BLOCK 2 Must be fully completed before proceeding. PROFESSIONAL EDUCATION INDICATE DEGREE OBTAINED (e.g. MD, DC, DO, Ph.D, Psy.D, Ed.D, etc.)

COLLEGE, UNIVERSITY or MEDICAL SCHOOL

If MD or DO, COMPLETE BLOCKS 3,6,7,8,9

If DC, COMPLETE BLOCKS 4,7,8,9,10

If Ph.D, Psy.D or Ed.D, COMPLETE BLOCKS  
5,7,8,9 Other Degrees, COMPLETE BLOCKS  
7,8,9,10

CITY STATE DATE OF DEGREE DEGREE

--	--	--	--

## BLOCK 3 (FOR MDs AND DOs ONLY) POSTGRADUATE TRAINING:

**NOTE:**For MDs or DOs who are not board certified, state law requires successful completion of a residency training program accredited by the American Council on Graduate Medical Education or the American Osteopathic Association. Fellowships will not be accepted in lieu of accredited residency training.

DO NOT ENTER "SEE RESUME"

PGY 1 or INTERNSHIP:	Hospital/Facility	Location (City/State)	Type	Year From	Year To

RESIDENCY :	Hospital/Facility	Location (City/State)	Type	From	To

RESIDENCY :	Hospital/Facility	Location (City/State)	Type	From	To

RESIDENCY:	Hospital/Facility	Location (City/State)	Type	From	To

FELLOWSHIP:	Hospital/Facility	Location (City/State)	Type	From	To

**IMPORTANT:** IF APPLICANT IS BOARD CERTIFIED, PLEASE PROVIDE COPY OF BOARD CERTIFICATE(S). OTHERWISE, PLEASE PROVIDE COPY OF CERTIFICATE(S) OF COMPLETION OF POSTGRADUATE TRAINING.

**PROCEED TO BLOCK 6 SUBMIT DOCUMENTATION**

**BLOCK 4 (FOR DCs ONLY)****NOTE: APPLICANT MUST MEET ONE OF THE FOLLOWING REQUIREMENTS****Yes      No**

1) I am certified in California workers compensation evaluation by either a California professional chiropractic association or an accredited California college recognized by the Council. (i.e. IDE Certificate (min. 44 hrs. eff. 4/15/99)).

☐☐

2) I have completed a chiropractic postgraduate specialty program of a minimum of 300 hours taught by a school or college recognized by the council, the Board of Chiropractic Examiners and the Council on Chiropractic Education.

☐☐**PROCEED TO BLOCK 7      SUBMIT DOCUMENTATION****BLOCK 5 (FOR Ph.Ds, Psy.Ds AND Ed.Ds ONLY)****NOTE: APPLICANT MUST MEET ONE OF THE FOLLOWING REQUIREMENTS****Yes      No**

1) I am board certified in clinical psychology by the American Board of Professional Psychology, Inc.

☐☐

2) I have a doctoral degree in psychology, or a doctoral degree deemed equivalent for licensure by the Board of Psychology, from a university or professional school recognized by the Industrial Medical Council and have not less than five years postdoctoral experience in the diagnosis and treatment of emotional and mental disorders.

☐☐

3) I have not less than five years postdoctoral experience in the diagnosis and treatment of emotional and mental disorders and I have served as and (Agreed Medical Evaluator) AME or eight or more occasions prior to January 1, 1990. (Please provide documentation of 8 AMEs, i.e. AME cover letters, first page of the reports, or a sworn statement made under penalty of perjury).

☐☐**PROCEED TO BLOCK 7****SUBMIT DOCUMENTATION****BLOCK 6 (FOR MDs AND DOs ONLY)****NOTE: APPLICANT MUST MEET ONE OF THE FOLLOWING REQUIREMENTS****Yes      No**

1) I am board certified in the specialty for which I am applying to become a QME by a board recognized by the Council and the Medical Board of California or the Osteopathic Medical Board of California.

☐☐

2) I completed postgraduate training in the specialty at an institution recognized by the ACGME or the American Osteopathic Association.

☐☐

3) I have qualifications that the Council and the Medical Board of California or the Osteopathic Medical Board of California both deem to be equivalent to board certification in a specialty. (Please submit documentation from the Medical Board).

☐☐**PROCEED TO BLOCK 7****SUBMIT DOCUMENTATION**

**BLOCK 7 (FOR ALL APPLICANTS)****NOTE: APPLICANT MUST MEET ONE OF THE FOLLOWING REQUIREMENTS**

TRUE FALSE

1) I devote at least one-third of my total practice time to providing direct medical treatment (Direct Medical Treatment is that special phase of the health care provider-patient relationship which (1) attempts to clinically diagnose and alter or modify the expression of a non-industrial illness, injury or pathological condition; or (2) attempts to cure or relieve the effects of an industrial injury.)

☐☐

2) I have served as an Agreed Medical Evaluator (AME) on eight (8) or more occasions in the 12 months prior to submitting this application. (Submit documentation of 8 AMEs, i.e. AME cover letters, first page of reports or a sworn statement made under penalty of perjury.)

☐☐**PROCEED TO BLOCK 8****BLOCK 8 (FOR ALL APPLICANTS)**

PLEASE INDICATE SPECIALTY(IES) FOR WHICH YOU ARE APPLYING TO DO QME EXAMS (USE ENCLOSED SPECIALTY CODE LIST)

Professional practice  
specialty code:Professional practice  
specialty code:Professional practice  
specialty code:

Reminder: For MDs & DOs, a copy of your Board Certification or documentation of completion of a training program accredited by the American College of Graduate Medical Education or the American Osteopathic Association must be submitted. For DCs, a certificate from postgraduate specialty diplomate program must be submitted for each specialty.

**PROCEED TO BLOCK 9****BLOCK 9 (FOR ALL APPLICANTS, IF COMPLETED)**

I have completed a disability evaluation report writing course approved by the IMC.

Course: \_\_\_\_\_ Date of Course: \_\_\_\_\_

**PROCEED TO BLOCK 10****BLOCK 10 (FOR ALL APPLICANTS)**

AFFIRMATIONS: Initialing each box affirms that you have read and agree to each of the statements.

**INITIAL  
EACH BOX****License Status**

A. My license to practice medicine is active and is neither restricted nor encumbered by suspension, interim suspension or probation. I certify that I have not been convicted of either a misdemeanor or felony related to my practice or a crime of moral turpitude.

B. I agree to notify the Industrial Medical Council if my license to practice medicine is placed on suspension, interim suspension, probation or is restricted to notify by my licensing agency. I further agree the Industrial Medical Council if I am convicted of a misdemeanor or felony related to my practice or a crime of moral turpitude. (Do not initial if your statement is untrue, attach an explanation on a separate piece of paper.) I understand that the IMC may deny my application or conditionally accept my application if my license is on probation with my licensing authority.

**Financial Interest**

C. I agree that I shall abide by all IMC regulations. I will not refer patients to facilities in which I or my family members have a financial interest, except as permitted by law. I agree I shall not offer, deliver, receive or accept any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred evaluation or consultation. I agree not to solicit to provide medical treatment to an injured employee for any injury for which I have done a QME evaluation. I have not performed a QME evaluation prior to appointment as a QME by the IMC.

**Cont'd of BLOCK 10 (FOR ALL APPLICANTS)****Verification**

I have used all reasonable diligence in preparing and completing this application. I have reviewed this completed application and to the best of my knowledge the information contained herein and in the attached supporting documentation is true, correct and complete. Failure to provide truthful information shall result in denial of applicants appointment and/or disciplinary action. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on  (MM/DD/YY) at  County CA  Applicant's Signature

**IMPORTANT: Your application for appointment as a QME shall be returned if it is incomplete. Please check:**

- 1) That your application is fully completed, dated and signed with an original signature. We will not accept faxed applications. Please also submit statement of citizenship form.
- 2) All necessary documentation is attached:
  - a) All applicants - A Copy of your current California Professional License.
  - b) MDs, DOs - A copy of your board certification or certificate(s) of completion of a residency training program accredited by the American College of Graduate Medical Education or the American Osteopathic Association. Please provide for all specialties in which you are requesting appointment to perform QME exams.
  - c) DCs - A copy of your certificate in California Workers' Compensation Evaluation or a copy of your certificate from postgraduate specialty diplomate program. For DC specialties other than DCH (e.g. DCR) a copy of your certificate of completion of 300 hours from postgraduate specialty diplomate program is require.
  - d) Ph.D, Psy.D and Ed.D- A copy of your professional diploma(s). Copy of board certification, if appropriate.
  - e) ALL OTHERS - A copy of your professional diploma(s).
  - f) A copy of completion certificate from the report writing course required by Title 8 CCR §11.5, if completed.

**This document must be submitted prior to obtaining your appointment as a QME.**

### A PUBLIC DOCUMENT

**PRIVACY NOTICE** - The Information Practices Act of 1977 and the Federal Privacy Act require the Industrial Medical Council (IMC) to provide the following notice to individuals who are asked by a governmental entity to supply information for appointment as a Qualified Medical Evaluator (QME).

The principal purpose for requesting information from QMEs is to administer the QME program within the California workers' compensation system. Additional information may be requested if your application is denied and/or a disciplinary action is taken.

The California Labor Code requires every QME physician to meet certain statutory requirements. Physicians are required by the Labor Code to provide: name; business address/addresses; professional education; training; license number; year entered practice and other requirements deemed necessary by the IMC. It is mandatory to furnish all the appropriate information requested by the IMC. Failure to provide all of the requested information may result in the denial of the application.

As authorized by law, information furnished on this form may be given to: you, upon request; the public, pursuant to the Public Records Act; a governmental entity, when required by state or federal law; to any person, pursuant to a subpoena or court order or pursuant to any other exception in Civil Code § 1798.24.

An individual has a right of access to records containing his/her personal information that are maintained by the IMC. An individual may also amend, correct, or dispute information in such personal records (Civil Code § 1798.34-1798.37).

Requests should be sent to:

Industrial Medical Council  
P.O. Box 8888  
San Francisco, CA 94128-8888  
Tel: (650) 737-2700; FAX: (650) 737-2711; E-mail: [www.dir.ca.gov](http://www.dir.ca.gov)

You may request a copy of the IMC policy and procedures for inspection of records at the above address. Copies of the procedures and all records are ten cents (\$0.10) per page, payable in advance. (Civil Code § 1798.33).

DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATIONP O Box 8888  
San Francisco, CA 94128  
Tel: 800-794-6900 or (650) 737-2700 Fax: (650) 737-2711REGISTRATION FOR  
QME COMPETENCY EXAMINATION  
OCTOBER 16, 2004

**PLEASE COMPLETE THIS REGISTRATION FORM AND RETURN POSTMARKED NO LATER THAN SEPTEMBER 16, 2004. THE DIVISION OF WORKERS' COMPENSATION (DWC) IS NOT RESPONSIBLE FOR LATE OR LOST APPLICATIONS. PLEASE SEND YOUR REGISTRATION AND APPLICATION FORMS TO:**

**DIVISION OF WORKERS' COMPENSATION - ATTN: EXAM UNIT****MAILING ADDRESS:****P. O. BOX 8888**  
**SAN FRANCISCO, CA 94128****STREET ADDRESS FOR EXPRESS DELIVERY:****395 OYSTER POINT BLVD., SUITE 102**  
**SOUTH SAN FRANCISCO, CA 94080**NAME: \_\_\_\_\_  
LAST FIRST M.I. JR./SR.

ADDRESS: (street address) \_\_\_\_\_

(city) \_\_\_\_\_, CA (ZIP) \_\_\_\_\_ (+4) \_\_\_\_\_

PHONE NUMBER.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

PHYSICIAN'S LICENSE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Prefix NumberEXAM DATE & TIME: **OCTOBER 16, 2004** **Registration begins at 9:30 a.m.**  
**Examination begins at approximately 10:00 a.m.**PREFERRED EXAM LOCATION: (TEST SITE WILL BE INDICATED ON YOUR CONFIRMATION LETTER FROM DWC)  
☐ Northern California ☐ Southern California

DO YOU HAVE ANY NEED FOR SPECIAL TESTING ARRANGEMENTS DUE TO A DISABILITY OR RELIGIOUS CONFLICT?

. ☐ No ☐ Yes (Please see the Special Administration Procedures at the back of this page.)**AFFIRMATIONS and VERIFICATION**

I have used all reasonable diligence in preparing and completing this application. I have reviewed this completed application and to the best of my knowledge the information contained herein and in the attached supporting documentation is true, correct and complete. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I understand that I must keep my license to practice active and that it currently is active. I certify that I am not currently on probation with my licensing board nor on any court-ordered probation. I certify I will notify the DWC of any of the following events: **a)** change in my license status; **b)** any past or future conviction related to the conduct of my practice or for any crime of more turpitude; and **c)** upon being placed on probation by my licensing board or by any court-ordered probation.

I certify that all the information and supporting documentation which I have previously submitted to the IMC/DWC with earlier QME application(s) is bona fide, true and correct.

Executed on: \_\_\_\_\_ at \_\_\_\_\_  
mm/dd/yy County & State Applicant's Signature**(OVER)**

## **REGISTERING FOR SPECIAL ADMINISTRATION PROCEDURES**

### **Examinee with a Disabling Condition or Religious Conflict**

Special administration arrangements can be provided for examinees, who due to a disability or religious conflict, would not be able to take the test under standard conditions. Requests for special arrangements must be made by the REGULAR REGISTRATION DEADLINE. It may not be possible to honor requests for special testing arrangements received after the regular registration deadline.

Individuals whose religious convictions prohibit them from taking tests on Saturdays or religious holidays may request a special test administration

All of the following must be submitted if special arrangements are needed due to a disability:

- a letter from you describing the condition and the specific special arrangements requested; AND
- a completed registration form.

YOUR PROFESSIONAL LICENSE NUMBER AND TELEPHONE NUMBER MUST APPEAR ON ALL CORRESPONDENCE.

If you need special facilities (e.g., wheelchair accessible building or restrooms), please notify by letter, Cooperative Personnel Services (CPS) at 241 Lathrop Way, Sacramento, CA 95815. In this case, it is not necessary to submit any medical documentation.

Special arrangements for the following conditions can be accommodated at ALL test sites:

- special seating (e.g., due to pregnancy)
- wheelchair accessible facilities
- use of magnifying devices or large-print tests (e.g., for those with visual impairments).

Arrangements that require SUBSTANTIAL CHANGES IN TESTING CONDITIONS may be accommodated only at selected test sites. If it is necessary to relocate you to accommodate any other type of request, you will be contacted directly to discuss the arrangement.



DEPARTMENT OF INDUSTRIAL RELATIONS  
**DIVISION OF WORKERS' COMPENSATION**

P. O. Box 8888

San Francisco, CA 94080

Tel. No.: (650) 737-2700 Fax No.: (650) 737-2637



January 2004

**12 HOUR REPORT WRITING  
COURSE PROVIDERS**

This letter is to inform you of an important change to the requirements for becoming a Qualified Medical Evaluator, (QME). Effective January 1, 2001, "A physician seeking appointment as a QME on or after January 1, 2001, shall also complete prior to appointment, a 12 hour course on Disability Evaluation Report Writing approved by the DWC", (LC§139.2).

The following are the providers approved by the Division of Workers' Compensation:

<u>NAME</u>	<u>LOCATION</u>	<u>PHONE NUMBER</u>
James Platto,DC/Dennis Sosine,DC	Southern California	209-966-5652
Dennis Sosine,DC/James Platto,DC	Northern California	925-676-9245
Dana Livingstone-Lopez	Southern/Northern CA	760-944-6769
Ca Chiropractic Assoc/CSIMS	Southern/Northern CA	916-648-2727
Fred Lerner,DC Lerner Education	Southern California	800-838-8584
Dean Falltrick, DC	Southern/Northern CA	530-269-1128

These are the only report writing course providers approved at this time. You must attend a report writing course prior to being appointed as a QME, but are **not** required to take the course prior to the QME examination, unless you wish to.

If you have any further questions I can be reached at 1-800-794-6900, ext. 2004 or directly at 650-737-2004. Thank you for your interest in the Qualified Medical Evaluator program.

Sincerely,  
Joanne Van Raam  
QME Exam Coordinator  
Division of Workers' Compensation



## UPDATED & REVISED

The **Physician's Guide to Medical Practice in the California Workers' Compensation System** (3rd Edition)

is now available for order. Many topics in the original version have been updated to California workers' compensation standards through December, 2001.

Published by the Industrial Medical Council, Department of Industrial Relations, State of California.

The Manual will cover:

- an overview of the California worker's compensation system
- the basic concepts of:
  - compensability
  - disability
  - vocational rehabilitation
- the role of treating & evaluating physicians in the workers' compensation system
- the evaluator's conduct & ethics
- guidelines for the evaluator's office staff
- various forms and resource materials

### Order your copy today!

(please type or print legibly)

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

(No P.O. Box addresses please)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Return this order form with a check for \$15.00 payable to "**Division of Workers' Compensation**" (taxes, shipping & handling included) to:

**Division of Workers' Compensation**  
**Attn: Manual Order**  
**P.O. Box 8888**  
**San Francisco, CA 94128**

DEPARTMENT OF INDUSTRIAL RELATIONS  
**DIVISION OF WORKERS' COMPENSATION**

P. O. Box 8888

San Francisco, CA 94128

Tel. No.: (650) 737-2767 Fax No.: (650) 737-2707



January 2004

**EFFECTIVE WITH THE SEPTEMBER 20, 2003  
QME EXAM  
ALL PHYSICIANS REQUIRED TO PAY  
NONREFUNDABLE \$125.00 FEE**

Effective with the September 20, 2003 exam, all physicians are required to pay a nonrefundable \$125.00 fee to sit for any upcoming Qualified Medical Evaluator examination. (DWC Regulation 11(f)(2)).

If you have any questions regarding the fee please call Joanne Van Raam at 1-800-794-6900 ext. 2004 or 650-737-2004 for further information.

Please fill out the form below.

-----  
Please attach a check payable to the Division of Workers' Compensation in the amount of \$125.00. Please mail this full page notice, a check, your QME examination application and Registration form and documentation to:

Division of Workers' Compensation  
Medical Unit  
P O Box 8888  
San Francisco, CA 94128-8888  
Attn: Joanne Van Raam, Examination Coordinator

NAME: \_\_\_\_\_ CA LICENSE NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

THANK YOU,  
DIVISION OF WORKERS' COMPENSATION  
(JVR 12/16/03)

**DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION**

P. O. Box 8888  
San Francisco, CA 94128  
Tel. No.: (650) 737-2700 or 1-(800) 794-6900 Fax No.: (650) 737-2711



## **SUGGESTED REFERENCES**

**(For Physicians planning to take the QME Examination)**

Physician's Guide to Medical Practice in the California Workers' Compensation System, An IMC publication, Winter 2001, 3rd edition. (Available from the DWC/Manual Order, P O Box 8888, San Francisco, CA 94128; \$15.00). Also available through the Internet at [www.dir.ca.gov/imc/toc.pdt](http://www.dir.ca.gov/imc/toc.pdt).

Provisions of the California Code of Regulations; Title 8, Industrial Relations, DWC Regulations are part of the study material for the QME examination. You may obtain a copy by calling the DWC at 1-800-794-6900 or 650-737-2767, 2768 or 2769. (A copy is also included with the purchase of The Physician's Guide to Medical Practice listed above).

Herlick, SD. The California Workers' Compensation Handbook (24<sup>th</sup> Edition). Available Dec. 2003 from Matthew Bender & Co., Inc., (To order: 1-800-223-1940 approximately \$108.00, product #80283-16).

Workers' Compensation Laws of California. 2004 ed. Matthew Bender & Co., Inc., (To place an order: 1-800-223-1940; approximately \$55.00, product # 840). Especially sections: 139.2, 139.3, 139.31, 4060, 4061, 4062, 4600, 4628. Contains 2003 Labor Code and Provisions of the California Code of Regulations, Title 8, Industrial Relations (IMC Regulations). (Also available through the internet at [www.dir.ca.gov](http://www.dir.ca.gov), click on left hand side on California Labor Code).

Thurber, P. Evaluation of Industrial Disability, 2<sup>nd</sup> ed. Oxford University Press, 1960 (Available from UCSF Bookstore, 500 Parnassus Ave., San Francisco, CA 94143. To place an order: 1-800-846-2144; \$24.95).

SB899-effective 4/19/04, SB749, AB228. The bills are located at [www.leginfo.ca.gov](http://www.leginfo.ca.gov)

AMA Guides to the Evaluation of Permanent Impairment 800-621-8335 or [www.ama-assn.org](http://www.ama-assn.org)